

VOLUNTEER WAIVER

Thank you for volunteering in the Cleveland Cultural Gardens. The work will involve trash pick-up, weeding, raking and other spring gardening tasks.

This waiver is necessary for those under 18 who will be working in the gardens and must be signed by a parent or guardian.

VOLUNTEER INFORMATION

Name: _____

Email: _____

Phone: _____

EMERGENCY CONTACT INFORMATION

Name: _____

Relationship to
volunteer: _____ Phone: _____

VOLUNTEER AGREEMENT

As a volunteer, I, on behalf of this volunteer, release and hold harmless the Cleveland Cultural Gardens Federation and their successors any and all claims, costs, suits, actions, judgments or expenses upon any damage, loss or injury to me or my property which may arise from this volunteer event.

I acknowledge that I am fully aware of any and all risks posed by these volunteer activities and that I have no medical condition that prevents me from engaging in them.

I also give permission for this volunteer to be photographed by project partners or the media for use in printed materials, through the Internet or through other media outlets.

In signing below, I acknowledge that I have read and understand the volunteer agreement.

Name of volunteer _____

Name of parent/guardian (please print) _____

Signature of parent/guardian _____